## **CONTRACTOR REGISTRATION**

Return this completed form along with

1. Your Texas Master's License (if applicable)

2. An approved photo identification

3. A Certificate of Liability Insurance that names the City of Hardin as a certificate holder.

4. General Contractors ONLY are required to submit a complete W-9 form

\*\*Please note, Certificates of registration provided for in the code expire when the state license or certificate of insurance expires, or after one calendar year, whichever is sooner. \*\*

Pursuant to the City Code, application is hereby made for registration as a contractor.

This form may be returned via email to HardinSewerBilling@HardinTexas.com

### **COMPANY INFORMATION**

| Name of Business             |             |
|------------------------------|-------------|
| Mailing Address              |             |
| City, State, Zip             | <br>        |
| Email Address                |             |
| Phone                        | <br>Fax     |
| Type of License              |             |
| Business State License #     | <br>Expires |
| Owner/Master Name            |             |
| Owner/Master State License # | <br>Expires |
| Owner/Master TDL #           | <br>Expires |
| Owner/Master Home Address    |             |
| Owner/Master Email Address   |             |
| Owner/Master Home Phone      |             |

# PLEASE LIST PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER ON THE REVERSE SIDE OF THIS FORM.

#### **FEES**

License fee is \$25. No fee for plumbing registration.

| For Internal Use Only |                           |                |  |  |
|-----------------------|---------------------------|----------------|--|--|
| Date Filed            | Type of License           | License Number |  |  |
| Receipt Number        | Date Registration Expires | Issued By      |  |  |

## **CONTRACTOR REGISTRATION: SUPPLEMENTAL INFORMATION**

PLEASE LIST PERSONNEL AUTHORIZED TO SIGN PERMITS ON BEHALF OF THE RESPONSIBLE MASTER.

LIST MASTER FIRST. PLEASE LIMIT ADDITIONAL PERSONNEL.

|   | Name   |      |  |  |  |
|---|--|------|--|--|--|
| Master  |  |      |  |  |  |
| Additional personnel  |  |      |  |  |  |
| Additional personnel  |  |      |  |  |  |
| Additional personnel  |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
| ignature of Responsible Master  | Print Name   | Date |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
| PLUMBER'S AUTHORIZATION   |  |      |  |  |  |
| TO BE COMPLETED BY MASTER PLUMBERS)   |  |      |  |  |  |
| By signing this application for registration, I am certifying that I am in full compliance with the Texas State Board of Plumbing Examiners (TSBPE) Plumbing Licensing Law and Board Rules. I have provided a current certificate of insurance to the TSBPE as required by the law. |  |      |  |  |  |
| DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.  |  |      |  |  |  |
|   |  |      |  |  |  |
|   |  |      |  |  |  |
| iignature of Responsible Master Plui  | mber Print Name  | Date |  |  |  |
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|   | Managar San  |      |  |  |  |
|   | MILLER   |      |  |  |  |